



Commonwealth of Massachusetts

Massachusetts Environmental Police

Headquarters

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BOAT INSPECTION REQUEST

DATE OF REQUEST: _____

LOCATION OF BOAT: **RESIDENCE / MARINA / OTHER** (*circle one*)

ADDRESS: _____

Street

City or Town

OWNER'S NAME: _____

TEL #: HOME: _____

WORK: _____

CELL: _____

COMMENTS: _____

FAX THIS FORM TO MEP OPERATIONS: (617) 626-1670

For Official Use

REQUEST TAKEN BY:	ENTERED INTO CAD BY:	DATE ENTERED: